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An Essay

On

Gastritis,

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Gastritis

This disease consists in inflammation of the stomach, and is divided by most writers into two kinds, Phlegmonous and Erysipelatous; but it is only my intention in this dissertation to treat of the former or Phlegmonous inflammation.

The causes of Gastritis are numerous; the most frequent of which, are great degrees of heat or cold; passing from a very warm and dry atmosphere to a cold and moist one; drinking large draughts of cold water when the system is over excited by heat, which last in my opinion produces the disease more frequently than any-thing else whatever. It may also be excited by swallowing articles of a poisonous nature, as arsenic, the acids, and alkalies; by repelled exanthemata, and misplaced gout; by over distention of the stomach produced by food of too irritating a quality or too large a quantity; by large draughts of drinks of a pungent and stimulating nature; by external contusion. It is also said to be produced from inflammation

of the neighbouring parts being communicated to the stomach; as the liver, spleen &c.

The symptoms of gastritis are an acute pain in the parts affected together with a burning heat, and soreness to the touch. Flatulency is sometimes present together with a nausea and vomiting; the latter of which is aggravated when anything is swallowed either a liquid or solid; the tongue is often clean and red; but occasionally we find it covered with a whitish mucous coat; the thirst is very great, with a desire for cold acidulated drinks; costiveness sometimes attends; but occasionally the reverse takes place and we have a preternatural laxity of the bowels; the pulse is usually small, hard and corded, the patient becomes very restless and fretful, frequently rolling from one side of the bed to the other, which is soon followed by great debility, and frequently by delirium. The disease continues its progress rapidly if not arrested by judicious remedies timely employed, and symptoms of a more unfavourable

kind soon make their appearance; such as a wild eye, difficult respiration, great prostration of the system with frequent faintings, hiccups, deep sighing and a countenance indicative of the most ~~xt~~ intense agony. There are several anomalous symptoms mentioned by Doctor Chapman and several other respectable practitioners; as pain and inflammation of the great toe, an acute pain in the groin, great intolerance of light, an aversion to drinks; but deceptive are the symptoms sometimes, and so little indicative of the real character of the disease, that its presence is not suspected until the patient is beyond the power of medical aid.

Gastritis is liable to be confounded with several diseases, particularly Enteritis and Peritonitis; from the former of which it may be distinguished by the particular seat of the pain, by the great irritation of the stomach, and by the excessive vomiting. From the latter or Peritonitis, it may be known by the

vomiting not being so much increased when any thing is taken into the stomach, by the seat of the pain, and by the position that the patient assumes when in bed - lying in Peritonitis generally on his back with his legs flex- - ed on his thighs, and the latter on the pelvis, in order to free the abdominal muscles from the weight of the viscera, and consequently to relieve pain.

Of the appearance of the parts on dissection. The mucous membrane ~~[illegible]~~ generally exhibits the usual blush of inflammation. According to Doctor Thomas the membranes are occasionally ulcerated, having small holes through all of the coats of the stomach, and sometimes through one or two of them. The redness found on dissection is not of uniform diffusion, but exists in small, elevated, thickened patches of a stellated form scattered indiscriminately over the whole mucous surface; and sometimes coagulable lymph is found effused over the parts inflamed. Doctor Cullen says that the stomach occasionally suffers from

inflammation when the characteristic symptoms do not appear, and therefore it would be difficult to lay down any general rules for the cure of the disease.

Its pathology next claims attention. Conformibly to the authority of the celebrated Bichat the capillary vessels of the mucous membrane of the stomach which, in a state of health from their extreme minuteness convey only the colourless, and more fluid parts of the blood, have their organic sensibility so changed or altered by the disease as to admit the red globules; hence the red injected appearance of the inner coat upon dissection.

Gastritis may terminate by, resolution, suppuration, scirrhus of the Pilorus, or gangrene. The first being more favourable than the rest, should be produced as soon as the violence of the case will permit. The others though not directly and necessarily fatal are more frequently so than otherwise and always prove very tedious and difficult to cure.

In a disease of such violence as gastritis and assail-

-ing so vital a part as it does, the most decisive and efficacious remedies are imperiously demanded in the very commencement of the attack; and of all the remedies recommended by different writers venesection claims our first attention, the utility of which is sufficiently established by the weight of the authority it has on its side; for there is scarcely a practitioner of eminence who does not recommend it in the highest terms; in performing which we are advised to proceed independently of the nature of the pulse, and the apparent debility of the system — so far indeed is the loss of blood from increasing the existing debility, that the system actually receives an acquisition of strength by being relieved of the load of oppression which enfeebles its energies. We should not be satisfied with one or two bleedings, but should continue to draw a few ounces as long as the pulse remains hard and contracted. Independently of its obviating the unpleasant and dangerous effects always to be apprehended from a state of increased local excitement, blood-letting is attended with another

and most important benefit. As one of its consequences, the pulse becomes fuller and more regular; the system generally reacts with newly acquired vigour, and the disease for the most part puts on a more favourable aspect. The quantity of blood to be drawn must depend on climate, age, sex, the previous habits of the patient, idiosyncrasies and many other circumstances. Doctor Chapman says as a general rule from twenty to thirty ounces will be sufficient to draw at a time, and that bloodletting should be repeated as long as the hardness and activity of the pulse remains. Topical bleedings by cups and leeches should be resorted to after we have carried general bloodletting as far as the circumstances of the case will permit. Dotor Chapman gives the preference to leeches, and thinks that they should always be used, when they can be readily obtained. After general and topical bleedings; we should make use of blisters; they are of no inconsiderable advantage when judiciously applied, and in order to obtain full effect

from them they should be very large, sufficiently so to cover the whole region of the stomach. I have always found (from the little practice that I have seen) that much more good results from a large blister than a small one, while the increase of pain if any, is comparatively small; therefore I should consider it sound practice to recommend a large in preference to a small one.

Owing to the excessive irritability of the stomach in gastritis, we seldom can make use of internal remedies in the commencement of the disease, and therefore have to depend principally upon injections, they are of great advantage when properly administ-tered. Doctor Chapman says that they are much more efficacious when given in large quantities, and frequently repeated, than they are when small and given seldom, as they not only serve to keep the bowels open, but also act as internal fomentations. As soon as the stomach is in a state to retain medicines, we must administer some mild purgative. The sulphate of magnesia is very

good and will generally answer remarkably well, but if it should not be retained on the stomach we should try something else, and I think calomel will answer as well if not better than any other purgative that we can make use of, as it can be retained more easily, and is not so irritating as most others. The exhibition of the remedies just mentioned is not to be pushed to the extent of full purging as it has not been found to be attended with much advantage in the disease under consideration. The object in view is merely to keep the bowels in a soluble state, and this can be accomplished more effectually by mild purgatives than by drastic ones.

To soothe the ~~irritation~~ irritation of the stomach (which is very harassing to the patient by keeping up a continued vomiting) is an indication of no little importance, and should ~~be~~ claim our particular attention. Doctor Chapman says that lime-water and milk are well calculated to allay the irritation of the stomach at this stage of the disease.

I have also seen raw milk alone act very finely, but if neither of the above mentioned remedies should have the desired effect, we may try the effervescing draught, anodyne injection &c. The warm bath is likewise of considerable advantage, by composing the patient, and producing a determination to the surface. As cooperating to the same end, fomentations by means of bladders filled with hot-water or cloths wrung out of the same, or of hot spirits applied to the abdomen answer an excellent purpose. Cold applications to the region of the stomach are also highly recommended by some practitioners. Some writers recommend demulcent drinks, to be given in large quantities in this disease, with the intention of protecting the stomach from the action of the acrid matter supposed to be present in it; but so far from being of any advantage, I have always found them injurious in the few cases in which I have had an opportunity of seing them used, by producing distention and consequently irritation and vomiting.

To allay the thirst of the patient which, is sometimes very difficult to relieve, we should permit him to drink a little mint-tea, toast-water or lemonade, the latter of which is well calculated to diminish the thirst, and also the violent burning heat of the stomach.

In no disease should the antiphlogistic regimen be observed with greater punctuality than in the one under consideration, both during its continuance and for a considerable time after its termination. Food of no kind should be allowed the patient, but that of the lightest and most digestible nature, and that in such quantities only, as will barely support the patient, until the stomach has recovered its natural tone and vigour

The patient should avoid exposures to the extremes either of heat or cold, as they are well calculated to bring on a relapse, particularly the latter, which should be guarded against by wearing flannel next to the skin, and properly protecting the feet and legs against cold.

The preceding are the means to be employed to obtain the only favourable termination; namely that by resolution. Unfortunately however this cannot always be attained; and we are compelled to witness one less desirable. Gastritis as I have before mentioned may terminate in scirrhus of the Pilorus, suppuration or gangrene. The first of these, as not being certainly indicated by the symptoms I shall entirely omit.

A tendency to the second or suppuration may be suspected from the disease refusing to yield to the appropriate remedies, and from its being protracted for a week or two with but little remission or aggravation of the symptoms. That pus has been actually formed may be known by the remission of pain; the accession of rigors; a sense of weight and oppression about the precordia; the pulse for a short time being diminished and afterwards increased, assuming frequently the form of hectic-fever. The matter in a short time may be discharged into the stomach and be evacuated by vomiting or purging, and the

patient recover. Little under such circumstances is to be expected from art - The medical treatment is restricted to the avoidance of all irritation, and supporting the patient's strength by tonics and a generous diet.

Gangrene of the unfavourable termination is the most frequent. It is to be apprehended from the obstinacy and increased violence of all the above mentioned symptoms. When gangrene has actually taken place, its presence is sufficiently indicated by the sudden remission of pain, the ~~wiry~~ pulse at the same time becoming quick and tremulous, the tongue dry and of a brownish tinge, the skin very hot, the patient restless and uneasy, after these have continued a short time, delirium, nausea, and hiccups ensue, which soon terminate the patients existence. When gangrene is threatened, Opium is the chiefly remedy to be relied upon; but should this fail the oil of turpentine may be made use of, which is recommended at this stage of the disease by good authority.